

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-027228

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No.

149

Primary Registration District No.

1002

Registrar's No.

3945

STATE FILE NUMBER

FILED AUG 13 1962

1. PLACE OF DEATH

a. COUNTY Jackson

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR
TOWN Kansas CityLength of stay in lb
43 yrsc. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR
INSTITUTION VA HospitalInside Limits
Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE Missouri b. COUNTY Jackson

c. CITY OR TOWN Kansas City

Inside Limits
Yes ☒ No ☐d. STREET ADDRESS (If outside, give location)
1228 OliveReside on Farm
Yes ☐ No ☒3. NAME OF DECEASED
(Type or print)

First

CHARLES

Middle

F.

Last

MC CULLY

4. DATE OF DEATH

Month July

Day 27

Year 1962

5. SEX
Male6. COLOR OR RACE
Negro7. Married ☐ Never Married ☐
Widowed ☒ Divorced ☐8. DATE OF BIRTH
7-7-169. AGE (last birthday)
46 yrsIF UNDER 1 YEAR
Months DaysIF UNDER 24 HR
Hours Min.10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
Loader Checker10b. KIND OF BUSINESS OR INDUSTRY
Railroad11. BIRTHPLACE (City and state or country)
Amarillo, Texas12. CITIZEN OF WHAT COUNTRY
USA

13a. FATHER'S NAME

Charles F. Mc Cully

13b. MOTHER'S MAIDEN NAME

Ellen Smith

14. NAME OF HUSBAND OR WIFE

--

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no or unknown) (If yes, give war or dates of service)
Yes WW II

17. INFORMANT

Address

VA Hospital Official Records

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

RENAL FAILURE

INTERVAL BETWEEN ONSET AND DEATH
6 Mos.

DUE TO (b)

POLYCYSTIC DISEASE OF KIDNEYS

5 yrs

DUE TO (c)

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown19. WAS AUTOPSY PERFORMED?
YES ☒ NO ☐20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY
Hour a.m. p.m. Month, Day, Year20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. attended the deceased from July 20, 1962 to July 27, 1962

Death occurred at 3:30 a m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

Paul S. Quinn M.D.

22b. ADDRESS

VA Hospital, Kansas City, Mo.

22c. DATE SIGNED

7-27-62

23a. BURIAL, CREMATION, REMOVAL (Specify)
Removal23b. DATE
7-31-6223c. NAME OF CEMETERY OR CREMATORY
National Cemetery23d. LOCATION (City, town, or county)
Fort Leavenworth, Kansas

(State)

24. FUNERAL DIRECTOR

ADDRESS

Mrs. Meek's Mortuary, K. C. Mo.

25. DATE RECD. BY LOCAL REG.

7-31-62

26. REGISTRAR'S SIGNATURE

P. Ruth Long

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK

OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

ITEM NO.

DATE AMENDED

VS 300
Rev. 4/59

1

2

3

4

5

6

7

8

9

10

11

12

13

THE STATE OF MISSOURI

DEPARTMENT OF HEALTH

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

Willard B. Perkins

Licensed Embalmer No.

5013

P. O. Address

K.C. Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.